

SIGNATORIES TO THIS AGREEMENT


GRANTEE's Authorized Representative
April Haverty
Director, Grants and Contracts

4/3/2017
Date

Agency DUNS No. 937639060

John Wagner 1/11/17

CARS PAYMENT INFORMATION

The information below is used by the DHS's Bureau of Fiscal Services, CARS Unit to facilitate the processing and recording of payments made under this Agreement.

Agency Name: Medical College of WI

Grant Agreement #, if applicable: 35485

**Total Grant Agreement Amount:
\$197,003**

There will be no pre-payments issued with this contract.

Match Required: Yes If Yes, Profile ID# 159352 Amount: \$42,287

Grant Agreement with No Prepayments
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Al Hanson
GRANTEE's Authorized Representative

GRANTEE's Authorized Representative

April Haverty
Director, Grants and Contracts

1/3/2017
Date

Date

Agency DUNS No.

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John Wayne

1/10/17

GRANTOR's Authorized Representative

Date

Chuck J. Warzecha

**Administrator / Deputy Administrator, Division of Public Health
Department of Health Services**

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